

# P00000029813

**Florida Department of State**

Division of Corporations

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Fax Number : (850) 205-0380

Account Name : LUSKY &amp; MOTOLA, ESQ.

Account Number : 110331002052

Phone : (305) 446-1245

Fax Number : (305) 446-1205

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION****VICTORIA MEDICAL PLAZA, INC.**

Certificate of Status	0
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Estimated Charge	\$35.00

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6/5/2002  
2

FROM LUSKY & MOTOLA P.A.

PHONE NO. : 305 446.1205

Jun. 05 2002 11:48AM P2

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## RESIGNATION OF REGISTERED AGENT

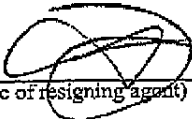
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TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JEFFREY LUSKY  
(Name of registered agent)

hereby resigns as Registered Agent for VICTORIA MEDICAL PLAZA, INC.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
(Signature of resigning agent)

If signing on behalf of an entity:

LUSKY & ASSOCIATES, P.A. N/A LUSKY & MOTOLA, P.A.  
(Typed or Printed Name)

DIRECTOR  
(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

CR2E046(9/98)

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